

PREVENTING UNNECESSARY WEIGHT REGAIN AFTER DIETING

Lipotrim Pharmacy Programme

Refeeding after Lipotrim Total Food Replacement Without Excessive Weight Regain

(revised December 2004)

These items are also available to assist with refeeding and maintenance

- ⇒ ***Refeeding Audio Tape - available to borrow from the pharmacy***
- ⇒ ***Set of Supermarket Audio Tapes - available to borrow***
- ⇒ ***Information on Maintenance food products - available to help with long term control***

Remember, under non-dieting conditions the primary source of fuel that the body uses for energy is its blood sugar. When that blood sugar supply gets low, the body has reserves of sugar which are stored as a complex molecule called glycogen. Glycogen is stored in the body bound to a great deal of water. When we change the amount of glycogen in the body we also change the amount of water. Glycogen and water are heavy. Changes will affect our weight a great deal and in a very short time span. After dieting the body will again need glycogen and it will be restored with the reintroduction of food. A few simple facts about glycogen will help you to understand how to prevent a great deal of unnecessary weight regain after total food replacement.

- 1 Glycogen is made of sugar and is, therefore, a carbohydrate. A pound of glycogen is worth about 1800 Calories. 1800 Calories deficit in the daily intake can use up a pound of glycogen from storage.
- 2 Glycogen is stored with about 4 parts of water for each part of glycogen. This means that a pound of glycogen may hold an additional 4 pounds of water. 1800 Calories of Calorie deficit in the food eaten can cause a 5 pound weight loss. Compare that with the real need for fat loss. The same 1800 Calorie deficit will only use up $\frac{1}{2}$ pound of fat.
- 3 Glycogen is stored in the liver, muscles and fat cells of the body. The amount we can store can vary depending upon what we eat and how much we use our muscles. Recent research suggests that some people may store as much as a kilogram of glycogen that can be mobilised in the first few days of dieting. This could mean that such a person could lose almost a stone in weight during the first few days of dieting and not yet have burned any fat.

- 4 Glycogen is used up and replaced as a matter of course all the time. Think of the glycogen stores the way you think of a kitchen jug that contains sugar. When the levels get low it is easy to fill it up. Daily activities of living and sleeping use glycogen up. Eating fills glycogen stores back up, every day.
- 5 ***It is possible to overfill the glycogen stores so that they contain more than the normal levels. Athletes do this and call it carbohydrate loading.*** Athletes stop eating carbohydrate to deplete their glycogen stores and then feast on carbohydrates. This gives them a larger reserve tank of ready fuel for endurance exercises, such as marathon running. If we eat a lot of carbohydrate foods right after dieting we will accomplish the same thing - extra glycogen that we will not burn up in a few hours of exercise; a lot of extra water that will stay as long as the glycogen (until the next diet or marathon type exercise); extra weight on the scales that cannot be distinguished from fat, makes you depressed and inclined to eat in despair. Totally unnecessary.
- 6 If carbohydrate foods are reintroduced gradually and in the right sequence over a period of days, the glycogen will return to a normal and modest level without unnecessary weight gain.

Carbohydrate foods include: vegetables, potato, cereal, breads, pasta/rice and fruits. There are carbohydrate foods containing a lot of simple sugars - such as fruit - and those we term 'complex', such as most vegetables.

These will form the bulk (60%) of your long term change to healthy eating but need to be controlled during refeeding and afterwards for those who have had an insulin resistance problem (see later and audiotape).

Keep these points in mind. First day after Total Food Replacement is high protein - low fat. Second day is high protein, modest complex carbohydrate - low fat. Third day is high protein, modest complex carbohydrate with some cereals - low fat. Fourth day is high protein, high complex carbohydrate, modest cereals, fruit and other simple sugars - low fat. The rest of your life is low fat and weight under control.

Lipotrim Refeeding

The first step in weight management is bridging the gap between Total Food Replacement (TFR) and, so called, "real food". Directly following TFR we are going to guide you through a slow and gradual refeeding process. There are two reasons for the refeeding strategy:

- 1 You have lost a considerable amount of body fat during your Lipotrim regime, but you have also depleted your glycogen stores, along with their attending water. If you jump directly from TFR into a high carbohydrate meal, your glycogen and water stores will fill up excessively, causing an immediate weight gain that may be as much as 7-10 pounds. This is not a fat gain - it is a fluid gain - but is demoralising, nonetheless. That is why the transition plan introduces carbohydrate in a controlled way, so that such a weight regain should not occur.
- 2 During your TFR regime, you ate nothing in addition to your Lipotrim servings every day and drank enough water to float a small tanker. During this time, your palate, used to a steady diet of salty, fatty, oily and sugary foods, has had an enforced rest. Something very interesting has happened during that rest: your tastebuds, reprieved from a fat/salt/sugar entrapment, have undergone a purification. This palate retraining is one of the most profound results of your TFR regime. Do not throw this perception away by eating your way into the same old problem foods again, just because you used to like them. Changes have to be made to your previous eating behaviour and now is the time to take positive action.

The plan (applies to both men and women)

Follow exactly - do not add extras and, more importantly, do not miss out any steps. You may have milk in your tea and coffee, if required, and you can now have diet drinks again. Avoid fruit juices (simple sugars) until the end of the week. No alcohol. Try to drink plenty of water. Most people do not drink adequate water and now you are in the habit, stick with it. At least 2 litres per day.

DAY 1 You may now try the Lipotrim maintenance formulas. Have **2** Lipotrim servings (either standard or maintenance formulas or a combination of both) and one meal, as follows (men continue to have 2 servings, as before, while women take 1 less serving of Lipotrim).

At lunchtime or evening meal time you may have some skinless, boneless chicken breast or white fish fillet, or some skinless turkey (about 4-6ozs). The fish or chicken may be steamed, microwaved, baked or cooked with a little water in a non-stick pan. Season with salt and pepper. Or you may have tuna fish in water or brine (drained). Vegetarians may use tofu or quorn.

You may also have either a moderate serving of salad (small breakfast bowl) from any of the following: lettuce, cucumber, cress and watercress, tomatoes, mushrooms, onions, peppers, beansprouts, celery dressed with a little lemon or lime juice or wine vinegar (try balsamic vinegar, it is quite special), **or** if you prefer, a moderate serving (2 heaped table spoons - **no more**) of some cooked green vegetables. **You may not have bread**, grains (rice) or pasta until Day 4. Fruit should wait until Day 4 at the earliest (later if you have carbohydrate problems). You can have milk in tea/coffee.

DAY 2 You will have only 1 Lipotrim serving or maintenance formula and 2 meals, as described for Day 1.

DAY 3 Same as Day 2, but you may also have - at one meal only - an 8 ounce potato, plain boiled, mashed or baked, but with no addition of any fat. You may like to top with some skimmed milk, plain yoghurt or very low fat fromage frais and a sprinkle of herbs.

DAYS 4-7 **each day have**

a Lipotrim serving or maintenance formula for your breakfast plus

- up to 3 small servings of fruit (if you suffer from the insulin resistance problem, then eat these late in the day and do not snack on them during the day)
- up to 2 slices of bread **OR** 1 pita **OR** 1 roll **OR** 1 bagel (without fatty spread)
- any vegetables you want except avocado, 1 or 2 servings with your meals (2 tablespoons per serving)
- any of the skimmed milk products
- fish fillet (any size) or 6 ounces of chicken or turkey, as described before, or one tin of tuna in water or brine, drained. Vegetarians may use tofu, textured vegetable protein (TVP) or quorn
- lean meat with all visible fat trimmed off
- low fat recipes prepared with low fat sauces - eg lean mince with tomato bolognese sauce
- medium baking potato or 6 small new potatoes or one serving of instant mashed potatoes (the kind with no added fat - read the label). Instead of potato, you may have 4ozs of rice or pasta (cooked weight).

The days 4-7 schedule may be continued for several weeks - especially if you have lost a lot of weight - 5/6 stones or more - as you will need time to adjust to a different eating behaviour and quantities. Check your weight every week at the pharmacy; if it is going up, then action must be taken to address the types and quantities of foods eaten. The maintenance food products are advised during this time to add extra control whilst adjusting to your new eating behaviour. After week 1 use the maintenance formulas rather than the diet formulas.

Example menu for days 4 to 7

Breakfast	Lipotrim serving or maintenance formula.
Lunch	Fish fillet (any type - cod, salmon etc), serving of potatoes (1 medium jacket or 6 new potatoes or a serving-spoon of mash - no added fat), carrots, 2 tablespoons of broccoli (or any other vegetable). Yoghurt (low fat).
Dinner	4-6ozs chicken (no skin), jacket potato, salad. Fruit (if appropriate) or low fat dessert.
Evening	Sandwich (no spread of any sort), consisting of: pickles, fat-free mayonnaise, salad/carrot, slice cold meat (low fat).
Snack	1 or 2 pieces of fruit (evening, if appropriate)
Breakfast	Lipotrim serving or maintenance formula
Lunch	Sandwich (no spread) - any low fat filling, eg tuna. Bowl of salad. 2 pieces of fruit (if appropriate) or yoghurt.
Dinner	Spaghetti Bolognese, consisting of: drained lean mince, low fat sauce, 4ozs cooked spaghetti, serving spoon of vegetables. Dessert.
Snack or Evening	Tub of very low fat fromage fraise, flavoured to suit with either slices of fruit or low fat jelly crystals for a sweet option or herbs and spices with added crunchy vegetable, for a savoury snack. Or Maintenance range - orange-creme drink or chocolate whip dessert (see leaflet).

An important point to understand in following the plan is not to have any added fat in your food or in its preparation. Fat is very high in Calories. There is more than adequate fat for daily requirements naturally occurring in a diet chosen from a wide range of foods. There is no benefit to adding fat in preparation - only to **add weight back on**.

Maintenance After Refeeding

The failure of all diets has, in the past, been maintenance. Regardless of the methods of weight loss, more than 95 people out of every 100 who managed to lose some weight have put it all back by the end of one year. By five years, it was hard to find anyone who had kept their weight off.

The failure of weight maintenance is largely due to the over-reliance on 3 rather ineffectual means of weight control. These are (i) exercise, (ii) portion control and (iii) Calorie counting. By now you should all understand the limitations of each of these strategies. Exercise cannot cope with a large enough excess of Calories. Portion control and overall food restriction trigger primitive hunger instincts and lead to out of control eating. Therefore, weight maintenance fails.

One of the reasons that people find weight maintenance so difficult is that, in serious overweight, **more than one problem may exist at the same time.**

Most people now appreciate the fact that, in order to resist weight regain, it is important to avoid as much unnecessary calories from fat in the diet as possible. This simple message remains true, despite the sometimes confusing messages about fat that are presented in the media. Remember the simple statement - **fat makes you fat.**

Some of the confusion is caused by the commercial needs of the edible fats industry. This is a very large and wealthy industry which loses income when people avoid eating its products.

Other causes of confusion relate to the differences between saturated and unsaturated fats. There may well be health implications associated with the balance between saturated and unsaturated fats in our food intake, **BUT** the effect on our **weight** is exactly the same whether we eat animal fat, fish fat, olive fat, vegetable fat or any other fat - saturated, mono-unsaturated or poly unsaturated. Fat makes you fat because fat is very high in calories and excessive calories make us gain weight.

ALL fat makes us fat and therefore we need to eat less of it.

Some of us, however, may still find it difficult to control our weight after the weight loss, even when we are following the low fat guidelines very strictly. This is most often true when the weight problem has been very severe. If you find that your weight is creeping up even though you are really restricting fat intake (be honest), you may have another issue to deal with **AT THE SAME TIME.** There is an audio tape discussing this problem - please ask to borrow it from the pharmacy (you may make yourself a copy and return the master).

If you find that you get hungry very frequently during the day and need to snack, that you find yourself longing for fruit or bread and seem to be grazing all day long, you may have to deal with this other physiological issue. To explain this issue we need to cover some science.

INSULIN RESISTANCE

One of the changes that often happens as a result of weight gain is a reduction in the effectiveness of our *insulin*. Insulin is a hormone, whose job in the body is to bring our blood sugar back to normal after we have eaten foods that have raised our blood sugar. The levels of blood sugar are controlled, so that they do not go excessively high or low, by the action of various hormones, especially insulin.

As we get fatter, the ability of our insulin to bring our blood sugar back to normal after a meal can become impaired (insulin resistance). To compensate for this impairment, we secrete a larger amount of insulin into our blood. In some cases, the problem gets so severe that the body is unable to compensate enough and we get an obesity related diabetes problem.

One of the best known ways to treat this insulin resistance is weight loss. It is therefore very likely that, after you have lost your weight, your insulin sensitivity has improved, possibly even back to normal.

Where excessive weight has been a problem for a long time, however, the mechanism that determines how much insulin is needed in order to cope with the blood sugar rise after a meal may not recognise that only a normal amount of insulin is required now. It may still be expecting insulin resistance and produce an excessive amount of insulin, that is functioning properly. This overdose can lower the blood sugar a bit more than necessary and, when that happens, we feel hungry - especially for high carbohydrate foods.

To satisfy this hunger, we snack. This meal causes another insulin release, which lowers our blood sugar, which makes us hungry for carbohydrate foods. We then snack to satisfy this hunger, which causes another insulin release and on it goes. We are grazing all day and, even though we are not necessarily eating high fat foods, the calories still count. In addition, all this carbohydrate will readily fill our glycogen reserves to overcapacity. Of course, with its associated water weight, the extra weight on the scales may make us depressed.

The Lipotrim Maintenance Formula Foods are designed to reduce the rate of sugar absorption and the amount that the blood sugar goes up after a meal and consequently the amount of insulin released in response to that increased sugar. This should help reduce the spiral of hunger cravings through the day and make following your low-fat, healthy eating programme much easier. They are also very filling and nutritious in themselves.

A Situation Control

- 1 Much has been written about the use of behaviour modification to control overeating. The results of such approaches have been far from satisfactory. Often, if weight stability is achieved by these methods it is at the expense of nutrition.

- 2 The basic concept of behaviour modification is wrong. Your behaviour is not 'wrong' and in need of change. Your behaviour is probably quite 'right' for the situations and environment you are in. Examine your environment and the conditions which are encouraging you to eat foods you don't really want or too much of those foods you may want. Is there loneliness and boredom, anger and frustration, fear? Do you work around food or have to prepare food for others? Try to identify the aspects of your life that led to excessive intake of food and slowly see if these can be changed.

B Triggers

Each of us has triggers that set off out of control eating. These can be foods that we find hard to resist and when we eat them our food control disappears. At times, the triggers are situations. Anger, boredom, holidays, certain people and so on. You must learn to identify your trigger foods and situations. Knowing in advance that you are in danger of confronting one of your triggers can usually allow you to either avoid the situation entirely or at least minimise the damage.

C Stress Management

Dealing with stress is essential, but far from easy. If there are really difficult issues in your life it is necessary to discuss these with your doctor. Eating won't eliminate a difficult marriage or an arrogant boss. Bingeing won't pay the mortgage or Inland Revenue. Talk to your doctor and you might have to get special help with the causes of your stress. Getting fat again is not an ideal way to deal with life's stresses.

D Increase Activity

- 1 Formal exercise programmes are good for many reasons but will not compensate for over eating. It is possible, however, to increase your daily total energy expenditure. A less sedentary lifestyle long term is important. Try not to sit still for long stretches of time. Do tasks you enjoy doing. Gardening can be excellent exercise. Carry things around. Use your imagination. The more small things you can do that take extra energy during the entire day, the more total Calories your body will be using. Walking and swimming are especially good.
- 2 Make it possible for your body to get rid of the heat it generates when burning Calories. Dress with slightly less insulation than you need for absolute comfort. If you are a bit outside of your temperature comfort zone, you are likely to move around more, unconsciously. This may also mean keeping your home or work thermostat a few degrees below your comfort zone as well. By moving around more, your comfort zone will re-establish at a lower temperature than it is now. This will use up many more of your Calories daily and you won't even notice it.

- 3 Choose your foods according to what you have learned about the energy used by your body when you eat protein and carbohydrate foods instead of fats and oils. The extra Calories you will use can be considerable. The extra Calories you save will be even greater.

E Sabotage

- 1 Be alert to the well meaning efforts of family and friends to distract you from what they may perceive as your suffering. The enticements of well meaning friends to have just this one social drink, similar to that experienced by former alcoholics, have to be resisted or the slippery slope will be entered. You must think of your hard earned freedom from the addictions of unnecessary foods, fats and oils, junk foods and so on.
- 2 Be alert also that some sabotage is not so well meaning. There may be some people in your life who may want you to be fat. Spouses who don't want you to be popular, friends who are jealous of your success, colleagues who want to keep you in your present position and not achieve promotion and so on. Don't romanticise fatness. Remember what it was really like. While you are fat it is difficult to maintain a high level of self-esteem. Don't be afraid to be assertive.

F After refeeding there are two alternatives:

1. After refeeding, begin by replacing any 7 meals per week with maintenance formulas or caramel bars.
 - i This permits you to remain in control of your total weekly caloric intake.
 - ii After 14 days, you need to return to the pharmacy to be weighed:
 - * if your weight has remained stable, continue in this manner;
 - * if your weight continues to drop, reduce the maintenance formulas to 6 for the next 2 weeks - repeat the sequence, substituting one traditional meal for a formula until your weight remains stable;
 - * if your weight increases, then you must replace meals. Replace 9 meals with formula for 2 weeks. If still not stable, substitute for 11 meals.

Find your appropriate level of maintenance formulas for weight stability. Then make sure that you attend the pharmacy once a month for a check. Always adjust your schedule to the previous month's weight stability.

2 Maintenance Foods as a regular part of daily eating

The range of nutritious, low Calorie, high soluble fibre foods, available can be a valuable way to assure you continue receiving all the essential nutrients your body requires. This gives you the freedom to eat foods you enjoy without having to be concerned over details such as whether you have had enough selenium today, for example. It will also help you keep control your weight long after weight loss.

G Yo-Yo

Obesity cannot be cured. It can only be held in remission. It may be sensible to accept that you could need another short total food replacement period to help keep your weight at your target. However, this option may not be available to you. If you have built the new maintenance formulas into your daily food plan, you will have a greater chance of keeping yourself in control and the maintenance foods can also help cope with some weight regain.

H Palate Retraining

- 1 During the strict Lipotrim phase of total food replacement, you have had an opportunity to break your food addiction. Your taste for fats and salt and sugar has been altered. Many of the foods rich in fats and sugar are those that got us into trouble in the first place. It is necessary not to re-establish a craving for those tastes.
- 2 Those of you who have changed from whole milk to skimmed milk in your coffee or tea will recognise that the reason you do not return to whole milk or cream is that these fatty whiteners do not taste right any longer. You just don't like them as much, so you don't eat them. Exactly the same thing can happen to your food desires if you use a very low fat approach. If you develop a taste for the low fat version, you will simply prefer not to eat the foods that got you into trouble. Then you don't have to resist high fat foods. You just prefer the alternative. It is easy to adjust your favourite recipes and select low fat versions of foods at the supermarket. The Low Fat Guide to the Supermarket audio tape can assist you in planning your food choices.

I Binge Control - Damage Limitation

- 1 There are times when a binge is therapeutic. It is important to sanity. It is essential. Planning will limit the damage. If the craving is for something specific, it is thought best (unless it is a trigger food) to just go ahead and have that food, even if it is highly unsuitable.

The reason is that you will probably eat everything else, find that it is still unsatisfactory, and still eat the craved-for food. Otherwise, plan ahead and have substitute non-destructive foods available for such emergencies. Usually, many different foods will satisfy the emotional need for a binge. By planning ahead you can limit the damage.

- 2 Use the maintenance formula foods and regain control or ask at the pharmacy to get help by re-doing the refeeding week to break the cycle of over-indulgence.

J Hormones

It is well known that, during different phases of a woman's monthly cycle, food desires and cravings change. In the weeks just prior to the monthly period, there is considerably more food eaten and often there are cravings for things like chocolates. Following a period, food intake and cravings are usually considerably reduced. Plan. Plan. Plan. Know your cycle and have appropriate versions of the foods you crave at the ready. Calories you save during times when your hormones effect your behaviour can be really important to long term weight control. You may choose to use the maintenance formula foods during the week or two before a period to compensate for the extra hormonal craving.

K Contact

It has been shown repeatedly that people who remain in contact for advice have the least problem with their weight maintenance. It is most important to get help, especially if you are going through a temporary period when you are struggling to maintain your weight. This is when you can be helped the most. Take advantage of those who are there to assist.

By now you should be getting nervous.

Your weight is approaching target weight and it is almost time to leave the safety and security of ketosis from our total food replacement regime and re-enter the real world of food temptations. Up to now you have felt in complete control of your eating problem. This control is in part due to ketosis and in part due to the support of the pharmacist and Howard Foundation Research. If you are to have any chance of keeping your weight off, you must take the weight maintenance period very very seriously. Getting rid of your excess fat has **not** cured you of your food problem. No diet can do that. Unless you use the information you have already gained and apply the new maintenance strategy as well, you will be fat again. You are not an exception. Remember - obesity is not a failure of dieting, but a failure of maintenance. All obese people have experienced the failure of weight maintenance at every step of their past weight history. Dieting does not fix the fundamental problem. Long term changes must be made in order to keep your weight under control. Weight loss is not the end point but the **prelude** to maintenance.

Let's summarise!

First, there is the simple physiological fact that the metabolic rate associated with your new lower weight body is appropriately lower than it was when you were fatter because it takes less energy to power a lighter body. You know that if you eat more than you use you will gain weight. You also know that it takes a monumental amount of exercise to nullify the calories in a binge or even a rich and inappropriate meal. You know that the fats and oils you eat will be stored while your body burns the carbohydrates and excess proteins you eat, replacing your insulation layers and making you more prone to weight gain. By now, all of these facts should be well understood.

What is harder to deal with is the fact that you are still a fat person, but only you know it. The world sees you as a thin person. When you were actually fat, people could see part of your problem. Now you are a normal weight and others may not understand your special needs. When you rejected their hospitality or other offerings of love or bribery through food, during your diet, the reasons were more easily explainable. Rejecting these offerings as a thin

person is often interpreted as a rejection of the people making the offering. They may not take to it easily. You need to learn to deal with these situations. A fat person is expected to do something about eating behaviour. You, however, no longer appear to be a fat person and, therefore, many people will go out of their way to try to break down your food control defences. Some of these people will be people you care about. How do you go about rejecting love and friendship on a plate?

You have now lost almost all your excess weight. You now know how to lose weight. ***Make sure you know how to keep it off?***

You have made a commitment to yourself and the programme. You must continue your commitment during weight maintenance or you will be ***fat again.***

A cured alcoholic need not face alcohol again. You must deal with food. A cured alcoholic will continue to attend AA meetings for years after breaking the addiction. It has been shown over and over again that the people who do best at not regaining their lost weight are those that continue to attend for advice.

If you do not continue to take maintenance seriously after your weight loss, you are very likely to regain all your lost weight. Take your weight maintenance seriously. It is much harder than weight loss. You did not lose your weight all by yourself. You are very unlikely to maintain your new weight by yourself.

Contact Howard Foundation Research Ltd for further help and free samples of the Lipotrim Maintenance formula:

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